

# Family Planning and Gender Equality in Health & Medicine Perspective

Expert : dr. Muchlis Lubis, Sp. OG (Obstetrics and Gynecology Doctor & Director of Buah Hati Women & Children Hospital, Jakarta, Indonesia)

Interviewer : Faustina Martha, Faculty of Engineering, Universitas Indonesia

## A. Gender Discrepancy and it's Affecting Factors in Family Planning

This part discusses about gender discrepancy and it's affecting factors in family planning that cover reproductive health's issues consisting of : contraception use and maternal mortality. In some literature, gender discrepancy also called gender inequality or gender issue.

### 1. Contraception Use

In Indonesia, there're 61,4% active Family Planning participants with very few male participants, consists of 1,3% condom users and 0,2% participants who did male operative method (vasectomy) (BKKBN 2013). It maybe not make sense to women who participate in Family Planning, but the data shows that in Family Planning, gender inequality still occurs. This will be more evident if we take a look from several factors that causes it :

- a. **Socio-Cultural factor** which presumes that Family Planning is women's bussiness, so they'll think that it's not suitable if men participate in Family Planning.
- b. **Lower male's accessibility toward Family Planning service & socialization.** The most common reason is male's role as primary breadwinner spends so much time, so they doesn't have much time to accept socialization or they think that getting Family Planning education is wasting time.
- c. **Strong patriachy culture in Indonesia , which considers men's domination tendency in decision making,** including in Family Planning. Women tend to accept every men's decision to become Family Planning participant, mainly because lacking of reproductive right comprehension. Limited option of male contraception method often excuse as the reason for inadequate number of male participant in Family Planning, though less properly stated. SDKI 2007 data shows that women can make decision about self medical check up as 50,9% without her husband and 33,2% with her husband.

### 2. Maternal Mortality

Maternal mortality especially while pregnancy, give birth, and post-partum, still in pathetic condition that is, 228/100.000 live births (SDKI 2007), worsen women's status & condition in general. The high number of abortion, hemorrhage, infection, and complication of childbirth contributing to the high maternal mortality till present day. The numbers of miscarriage cases in Indonesia ranges from 2,3 Million/year which is comprised of a spontaneous miscarriage reach 1 million and 700 thousand cases of an unwanted pregnancy abortion, not to mention the deaths were caused by a lack of knowledge and family awareness about reproductive health.

This miserable and harmful occurance which experienced by women provides evidence that women experienced discrimination in subordinative form in a family. Factors that caused gender inequality from the family and society are :

1. **Different treat between male and female** since they were kids, include lacking of information access, education opportunity, and nutrition fulfillment makes female abandoned and “resigned to fate” . Whereas these 3 determines female’s reproductive health quality in the future, especially in pregnancy and childbirth period.
2. **Some people still think that pregnancy and childbirth period is an ordinary event for women**, so that wife **don’t get significant treatments**. Whereas the attention, understanding and compassion given by her husband and family in the form of nutritious food, peace of mind, as well as swiftness and accuracy of relief are very helpful to reach optimum maternal health thus plays a major role in reducing maternal mortality especially during prenatal, childbirth, and post-partum.
3. **“Receive only” or surrender attitude** is often shared by women **for reasons of tradition** makes women feel don’t have or have less the right about the authority to determine their own health, including Family Planning

#### **B. How to Obtain Gender Equality in Family Planning ?**

In Family Planning participation, gender equality can be pursued including :

1. The husband and wife **jointly plan the number and birth spacing by taking account of age, health, mental readiness and family economics’ condition**. With the joint efforts of these discussions and don’t ignored the wife in determining reproductive health
2. The husband and wife **attempt to obtain a balanced and accurate information about family planning** so that the decisions taken a joint decision, not one of the parties
3. Husband and wife **jointly determine who should be the Family Planning participant or use the chosen contraceptive method**. With this unity, coercion doesn’t happen within the husband or wife through a thorough consideration viewed from different aspects.
4. Husband and wife **jointly tackling the problems in the incident of failure or complications by visiting a medical service** that is available in their neighborhood
5. A couple **need to know the healthy and the best age for pregnancy and childbirth as well as have good information about the signs of pregnancy** including pregnancy harmful signs that can be bad for his wife and unborn child.
6. A couple **always pay attention to health and nutrition for the whole family, especially pregnant women** and have to provide adequate attention including maternal mental health improvement because pregnancy and childbirth are extraordinary events
7. The husband and wife **preparing means and other needs to reach safe childbirth**.